DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Supportive Living DSL-2018 (Rev. 11/2002)

STATE OF WISCONSIN

SOS Desk (608) 266-9198
Completion of this form meets the requirements of the State / County contract specified under the Wisconsin Statutes. S. 46.031(2)(c)(2).
P.L. 97-35; Federal Regulations: 42 CFR 441

HSRS LONG-TERM SUPPORT MODULE

												1 Wo	1 Worker ID							
REGISTRATION - Screen L1 N/U/I/E (Module Key:)																				
2a Last Name 2b First Name						20	MI	2d Suffix	x 3 MA Number (10 digits) OR SSN (9 digits) 4 Clie				ent ID							
5 Birthdate (mm/dd/yyyy) 6 Sex 7a Hispanic /					b Race	e (Circle up	o to 5)		8 Client Chara				cteristics	9 Leve	el of	10 Marital	11 Livin	g Arran	gement	
(3333,			Li	atino	A = Asian			W = 0							Status	Prior	_	nt People		
	1	F	F/M	Y = Yes		B = Black or Afric			an American											
				1 = No	P =	Native Hav	vaiian d	or Pacif	ic Islander											
	I = American					Indian or Alaska Native														
12 Natura	` , , , , , , , , , , , , , , , , , , ,									ourt	17 N	1A Waiver Financia		18 Indicator for Waiver Mandate						
	Support (Optional for COP ass					Proje		Fiscal		Ordered			A Catagogically aligible			, ,	(Optional for COP assessment,			
Sourc	Source applicant register)				Status			Responsibility			Placement		A = Categorically eligible B = Categorically financially eligible -				plan, applicant register)			
			from genera		ne						1 - 103		special income limit				A = MA Waiver eligible			
			from ICF / M								N = No		C = Medically needy				B = Not MA Waiver eligible			
D = Diverted from entinstitution				any type of									= COP eligible	C =	C = MA Waiver eligible but exempt					
B = Relocated from brain injury rehab ur				nit								-			ехетрі					
SERVICES - Screen L2 U/I/E (Module Key:)																				
19 Episode End Date 20 Closing Reason						CIP1, CSLA, BIW Only										Provide	r Number F	Required	d for SPCs:	
1			Ü	21 Slot Number			22 Start I					23 End Date			102 A	102 Adult day care				
																202 Adult family home				
1	Ì								0		TATE LIGE ON 1. \					506 CBRF				
			STATE U			USE ONLY			STATE USE ONLY							711 Residential care apt. complex (CIP II. COP-W)				
PGM No	GM No 24 SPC/Subprogram			26 LTS	27 Funding 28		28 SF	28 SPC Start Date		29 SPC End Date			30 Provider Number				31 SPC Review Date			
		Ü	25 Target Group	Code		Source	ırce										n	mm yyyy		
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UNITS / C	OSTS - Scree	n L3 U /	I (Mod	dule Key	:)					
PGM No	32 Units	33 Co	sts	34 Deli mm	very Date yyyy						
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	L DATA - Sc	reen 18	(Modul)				
Street Address City					City		State	Zip Code	County	Telephone ()	
Case Review Date Diagnosis					Family ID		Local Da	ta	Shaded areas are optional.		